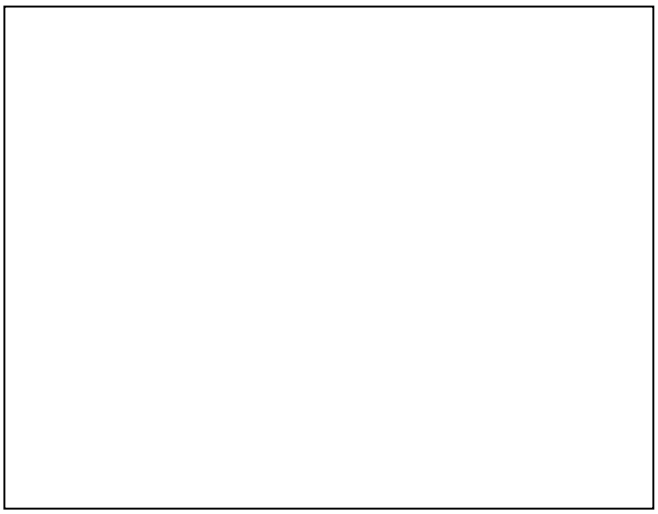
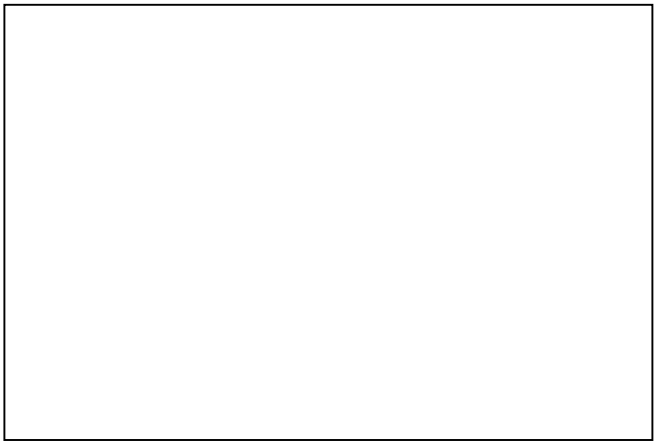
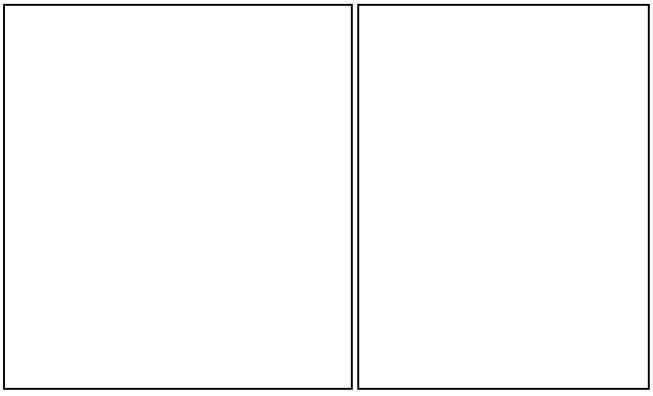
TABLE II: RESULTS

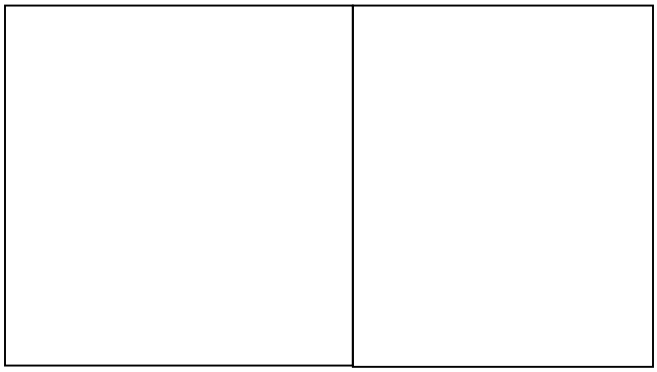
		Frequency	Percent
Valid	No relapse	22	78.6
	Treated with relapse	5	17.9
	Lost follow-up	1	3.6
	Total	28	100.0



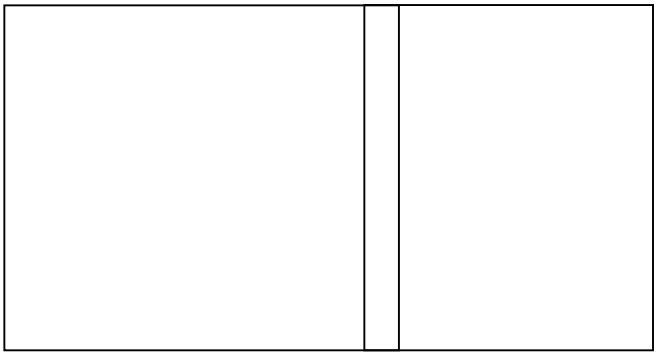


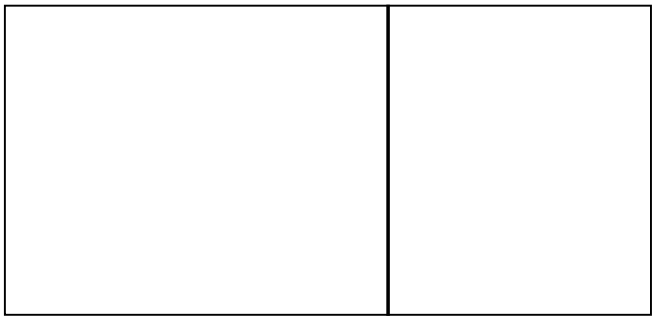
Clinical photographs of an eight-year-old boy showing left neglected clubfoot at presentation





Clinical Photographs of an eight-year old boy showing left neglected clubfoot 2 years after treatment of manipulation and serial casting for 3 months (Nine casts and Tendo Achilles lengthening)





DISCUSSIONS

In our study correction was obtained with mean of 9 casts. In patients up to 7 years abduction up to 40 to 60 degrees achieved, while in older abduction of 30 to 40 degrees achieved. Dorsiflexion of 10 to 20 degrees achieved in patient age up to 7 years while in older 10 to 15 degrees of dorsiflexion achieved.

Strength of this study lies in its novelty. This is the first of its kind study in Pakistan to best of our knowledge. However the study has small sample and was conducted only in this hospital.

In our study the mean Pirani score was 5 before treatment and 0 after treatment. This is consistent with result of study by Methani[14]. Methani in his study had mean Pirani score of 4.3 before treatment and 0.03

after treatment[14]. Another study published in Indian Journal of orthopedics mean Pirani score was 5.41 before treatment and 0.12 after treatment[9].

In our study, correction was obtained with a mean cast of 9. This was similar to finding of Basihi RH 2016[8] In his study correction was obtained with a mean cast of 9 (6 to 13). Sinha A 2016[9] in his study took mean 12.8 numbers of casts for correction. However in studies by Ayana B 2014[15], the mean no of casts were 8.

In our study, in patients up to 5 years abduction up to 40 to 60 degrees correction was achieved, while in older abduction of 30 to 40 degrees achieved. Dorsiflexion of10 to 20 degrees achieved in patient age up to 7 years while in older 10 to 15 degrees of dorsiflexion achieved. This is consistent with the mean dorsiflexion achieved by Sinha A 2016[9] in his study was 21.3 degree (15-40).

Ponseti is generally considered excellent for club foot. However if patient is not compliant with the brace treatment, recurrence of deformity may occur[16]. In our study 3 patients with equinus deformity had recurrence. Two were managed with recasting while in one managed with recasting and retenotomy. Two patients recur with mild varus, they were managed with recasting.

In a developing country like Pakistan, Ponseti technique is a very safe, easy, have efficacy and very economical for management of clubfoot. Proper motivation and educating the parents to get use to long-term brace treatment will not only help maintain the correction for longer period of time but also prevents relapse.

CONCLUSION

We concluded that treatment of neglected idiopathic club foot patients presenting to us after walking age with ponseti method according to ponseti guidelines for older children is safe, effective and low cost method. Through this treatment we can achieve functional painless foot.

RECOMMONDATION

This treatment should be considered as first modality in the management of neglected idiopathic club foot children presented after walking age.

LIMITATION

The main limitation of this study was its retrospective design, small number of patients and lack of comparison with surgical methods, other then that we are feeling this study will help the orthopaedic surgeons who are managing neglected club foot.

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